

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED MAR 23 1950

State File No. 9822

BIRTH NO. _____		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 5906		Registrar's No. 38	
1. PLACE OF DEATH a. COUNTY Pemiscot				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Pemiscot			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Little River				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Little River			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route 1				d. STREET ADDRESS (If rural, give location) Rural Route 1			
3. NAME OF DECEASED (Type or Print) a. (First) Edd b. (Middle) Dodd c. (Last) Davis				4. DATE OF DEATH March 14, 1950			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH May 13, 1895	
9. AGE (In years last birthday) 54		# UNDER 1 YEAR Months Days		# UNDER 1 YEAR Hours Min.		# UNDER 1 YEAR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (State or foreign country) Arkansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS X	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably Coronary Occlusion. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James A. Osburn Coroner				23b. ADDRESS Wardell, Mo.		23c. DATE SIGNED 3-15-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-15-50		24c. NAME OF CEMETERY OR CREMATORY Morgan Ridge		24d. LOCATION (City, town, or county) (State) Caruthersville Mo.	
DATE REC'D BY LOCAL REG. 3-20-50		REGISTRAR'S SIGNATURE John H. German 406		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS La Forge Ind. Co. Caruthersville Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

0780

0780

421

3-50-92

MAR 21 REC'D

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by not

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Ned C. Dean

Licensed Embalmer No. 3941

P. O. Address Caruthersville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.